



CITY OF ATLANTA

APPLICATION FOR RECORD RETENTION SCHEDULE

Department of Administrative Services
Bureau of General Services
Record Management Division

INSTRUCTIONS: CONTACT YOUR RECORDS OFFICER FOR ASSISTANCE IN COMPLETING THIS FORM OR CALL THE RECORDS MANAGEMENT DIVISION AT 817-6803 OR WRITE THE RECORDS MANAGEMENT DIVISION, 675 PONCE DE LEON AVENUE, N.E., SUITE 3109, ATLANTA, GEORGIA 30309

| | | | | | |
|---|--|--|--|---------------------------------|--|
| 1. Agency Address | | For Records management Use | | | |
| | | Application Number | | Date Received | |
| | | Date Completed | | Schedule Number | |
| 2. Person to Contact | | Working Title | | Telephone Number | |
| 3. Action Requested | | | | | |
| a. <input type="checkbox"/> Establish Retention Schedule for all past, present & future accumulations of the record series. | | | | | |
| b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. | | | | | |
| c. <input type="checkbox"/> Amend Schedule No. | | Check One: | | Change <input type="checkbox"/> | Supersede <input type="checkbox"/> Void <input type="checkbox"/> |
| 4. Date of Series | | 5. Record Series Title (Followed by title used in office; if different) | | | |
| Earliest | | Latest | | | |
| 6. Office Function (State the function of the Office in which this record series is created.) | | | | | |
| | | | | | |
| 7. Record Series Description | | This file contains the following documents (include titles and form numbers, if any): Attach samples of the files. | | | |
| Document relating to: | | | | | |
| Included are: | | | | | |
| Files is arranged: | | | | | |
| 8. Monthly Reference Rate | | How often are records referred to which are: | | | |
| One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four _____ | | | | | |
| Months old _____ ; Twenty-five months and older _____ ? | | | | | |
| 9. Annual Rate of Accumulation of Records | | | | | |
| Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ Other (Specify) _____ | | | | | |
| Current Accumulation: _____ | | | | | |

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|---|--------------------------|---|------------------------------------|--|-----------|-------|---|--|------------------------|---|--|---------------|---|--|---------------|----------------------------------|--|-------|--|--|-------|--|--|-------|---------------------|--|-----------|
| YES | N O | 10. Questionnaire (Place an "X" in the proper column.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Is this the official copy of the series? If not, where is it? | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Is this a vital record? | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Does this series have historical or long term research value? | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | e. When one or two documents in the file make it necessary to keep the entire file for a long period could these documents be scheduled separately? | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Is the information contained in the series ever published? If yes, attach copy. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Is this series (or a major portion of it) regularly microfilmed? | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Does the record series result in a computer printout? | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Retention Requirements. The following requires the series to be kept? <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">A. State Law</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td style="width: 10%;">Years</td> <td style="width: 30%;">E. Audit Period</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td style="width: 10%;">Years</td> </tr> <tr> <td>B. City Code</td> <td style="border-bottom: 1px solid black;"></td> <td>Years</td> <td>F. Administrative Needs</td> <td style="border-bottom: 1px solid black;"></td> <td>Years</td> </tr> <tr> <td>C. Statute of Limitations</td> <td style="border-bottom: 1px solid black;"></td> <td>Years</td> <td>G. Federal Instructions</td> <td style="border-bottom: 1px solid black;"></td> <td>Years</td> </tr> <tr> <td>D. Federal Law</td> <td style="border-bottom: 1px solid black;"></td> <td>Years</td> <td>H. Historical Value</td> <td style="border-bottom: 1px solid black;"></td> <td>Permanent</td> </tr> </table> Attach copy or excerpt of laws regulations. Explain administrative need which exceeds 3 yrs. | | | | A. State Law | | Years | E. Audit Period | | Years | B. City Code | | Years | F. Administrative Needs | | Years | C. Statute of Limitations | | Years | G. Federal Instructions | | Years | D. Federal Law | | Years | H. Historical Value | | Permanent |
| A. State Law | | Years | E. Audit Period | | Years | | | | | | | | | | | | | | | | | | | | | | |
| B. City Code | | Years | F. Administrative Needs | | Years | | | | | | | | | | | | | | | | | | | | | | |
| C. Statute of Limitations | | Years | G. Federal Instructions | | Years | | | | | | | | | | | | | | | | | | | | | | |
| D. Federal Law | | Years | H. Historical Value | | Permanent | | | | | | | | | | | | | | | | | | | | | | |
| 12. Approved Disposition Instructions. The agency recommends that the file series be cut off at the end of each <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Calendar Year; <input type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other</td> <td style="width: 60%; border-bottom: 1px solid black;"></td> <td style="width: 10%; text-align: center;">Then</td> </tr> <tr> <td><input type="checkbox"/> Hold in the current files area</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">Month(s) Year(s); then</td> </tr> <tr> <td><input type="checkbox"/> Transfer to local holding area; hold</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">Year(s); then</td> </tr> <tr> <td><input type="checkbox"/> Transfer to Municipal Records Center; hold</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">Year(s); then</td> </tr> <tr> <td><input type="checkbox"/> Destroy</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Transfer to Municipal Archives for permanent retention.</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Other (attach additional sheet, if necessary)</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> </table> | | | | <input type="checkbox"/> Calendar Year; <input type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other | | Then | <input type="checkbox"/> Hold in the current files area | | Month(s) Year(s); then | <input type="checkbox"/> Transfer to local holding area; hold | | Year(s); then | <input type="checkbox"/> Transfer to Municipal Records Center; hold | | Year(s); then | <input type="checkbox"/> Destroy | | | <input type="checkbox"/> Transfer to Municipal Archives for permanent retention. | | | <input type="checkbox"/> Other (attach additional sheet, if necessary) | | | | | |
| <input type="checkbox"/> Calendar Year; <input type="checkbox"/> Fiscal Year; <input type="checkbox"/> Other | | Then | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hold in the current files area | | Month(s) Year(s); then | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency Head/Designee (Signature) | | Date | Agency Records Officer (Signature) | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECORDS ADMINISTRATION COMMITTEE | | SIGNATURES | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS RECORD SERIES HAS BEEN EVALUATED FOR LEGAL, FISCAL, ADMINISTRATIVE AND HISTORICAL | MAYOR/DESIGNEE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CLERK/DESIGNEE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COMMISSIONER OF | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| RETENTION REQUIREMENTS, AND THE RECOMMENDATIONS IN PARAGRAPH 12 ARE APPROVED | FINANCE/DESIGNEE | | |
| | CITY ATTORNEY/DESIGNEE | | |
| | BUREAU DIRECTOR GENERAL SERVICES/DESIGNEE | | |
| STATE RECORDS COMMITTEE | | SIGNATURES | DATE |
| Recommendations in paragraph 12 are approved. (If disapproved. Attach letter of explanation | State Auditor/Designee | | |
| | Secretary of State/Designee | | |
| | Attorney General/Designee | | |